

Department Cover Sheet

Department of _____ EIN # (990) _____ Date Filed _____
 INC # _____ Date Filed _____ Treasurer _____
 Phone # _____ Address _____ City _____ State _____
 Zip Code _____ Email _____ Date _____
 REG / LIFE LAST REPORT _____ / _____ REPORTING _____ / _____ TOTAL _____ R _____ LM
 ASSOCIATE / ALM LAST REPORT _____ / _____ REPORTING _____ / _____ TOTAL _____ A _____ ALM

UNIT NAME	REGULAR		ASSOCIATE		LIFE MEMBER		NEW LIFE MEMBER		BOND	MISC	RE-INSTATED
	NEW	RENEW	NEW	RENEW	LM	ALM	NLM	NALM			

Total: LM _____ ALM _____ TRANSFER: T(REG) _____ T(AM) _____ T(LM) _____ T(ALM) _____

RENEWED

REG _____ @ \$20.00 = \$ _____

ASSOCIATE _____ @ \$20.00 = \$ _____

REINSTATED _____ @ \$20.00 = \$ _____

(MUST PAY REG DUES + DUES FOR EACH YEAR DELINQUENT)

NEW # _____ REG # _____ AM # _____

INITIATION FEE _____ @ \$5.00 = \$ _____

NEW MEMBER DUES _____ @ \$20.00 = \$ _____

NEW LIFE: REG, ASSOCIATE

NLM @ \$ _____ (FEE DETERMINED BY D.O.B.) = \$ _____

NALM @ \$ _____ (FEE DETERMINED BY D.O.B.) = \$ _____

BOND _____ @ \$3.50 = \$ _____

Miscellaneous \$ _____ = \$ _____

BALANCE DUE: \$ _____ (MONEY OWED TO NATIONAL) = \$ _____

ADD OR DEDUCT MONEY OWED PREVIOUSLY = \$ _____

CHECK # _____ **TOTAL = \$ _____**

DATE RECEIVED HQ: _____ DATE RECORDED: _____ RETURNED TO DEPT: _____

SEND 2 COPIES and PAYMENT TO:

**NATIONAL HEADQUARTERS, MCLA, INC.
 P.O. BOX 3038, STAFFORD, VA 22555-3038**